

Mar. 19. 2007 4:25PM

Owens Corning

No. 8151 P. 2

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Jan. Hostasa

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/670,039	09/24/2003	Robert D. Burrows	25339A	5052

TITLE OF INVENTION: FIBROUS VEIL FOR CLASS A SHEET MOLDING COMPOUND APPLICATIONS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	03/20/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
EDWARDS, NEWTON O	1774	442-180000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Inger H. Eckert

2 Margaret S. Millikin

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Owens-Corning Fiberglas Technology, Inc.

Summit, IL

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 1

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

☐ A check is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0568 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Margaret S. Millikin

Date

03/20/07

Typed or printed name

Margaret S. Millikin

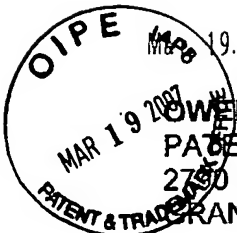
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38,969

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FAX TRANSMITTAL

Date: March 19, 2007

No. of Pages: 2 (Including this page)

To: Issue Fees

From: Jan Hostasa

Of: USPTO

Fax: (740) 321-8024

Fax: (571) 273-2885

Phone: (740) 321-7168

SUBJECT: Issue Fee Transmittal

Serial No.: U.S. Patent Application 10/670,039, filed September 24, 2003

I hereby certify that the Issue Fee transmittal for the above noted case is being transmitted to Issue Fees, at the U.S. Patent and Trademark Office (Fax No. (571) 273-2885) on March 19, 2007.

March 19, 2007
(Date of Deposit)

Jan Hostasa
(Name of Depositor)

Jan Hostasa
(Signature)

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